

CLIENT SERVICES
 SHIPPING ADDRESS: NEBRASKA PUBLIC HEALTH LABORATORY
 4400 EMILE STREET, MSB 3500
 OMAHA, NE 68105

NPHL Test Request Form

ALL SHADED AREAS REQUIRED

PATIENT LAST NAME FIRST NAME MI			COLLECTION DATE TIME / / _____ AM / PM		
DOB GENDER / / <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> PREGNANT		PT. ID# / ADDITIONAL INFO	PROVIDER: (LAST, FIRST, MI) (NPI)		
PATIENT ADDRESS APT			Submitted to NPHL by: _____ Account Number (call NPHL client services if unknown) _____ Account Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____ Originating Laboratory or Clinic: _____ Name _____ City & Phone # _____		
CITY STATE ZIP					
COUNTY CODE STATE CODE SURVEILLANCE SITE					
PHONE NUMBER - -					
RACE: ___ White ___ Black ___ American Indian ___ Asian/Pacific Islander ___ Unknown ___ Other					
ETHNICITY: ___ Hispanic ___ Non-Hispanic ___ Unknown					
Clinical Diagnosis/Etiology Agent: _____ Date of Onset: _____ Recent Travel ___ NO ___ YES, Specify below State/Country: _____ Travel Dates: _____					
Source: ___ Blood ___ Bronchial Aspirate ___ Cervical ___ CSF ___ Nasopharyngeal ___ Rectal ___ Sputum ___ Stool ___ Throat ___ Urethral ___ Urine ___ Vaginal OTHER: _____ (specify)					
REPORTABLE CONFIRMED ORGANISM/BANK ONLY			Below tests require approval from your Local Health Department or the State Epidemiology Program before submission Visit http://dhhs.ne.gov for a complete listing of health departments and contact information.		
E. coli O157:H7 and E. coli non-O157 (NPHLBK)			Test approved by: _____ Phone #: _____		
Haemophilus influenzae			Date of approval: _____		
Listeria monocytogenes			Collected by: _____ Phone #: _____		
Salmonella List Serogroup (if known): _____			BACTERIOLOGY/GENERAL		
Shigella spp. not sonnei List Species: _____			Bordetella pertussis culture (BPERT)		
Streptococcus pneumoniae (sterile site only)			Legionella spp culture (LEGCU)		
Vibrio spp. List Species: _____			MYCOLOGY		
Yersinia enterocolitica			Identification from isolate (FUNID)		
CONFIRMATION IDENTIFICATION FROM ISOLATE			PARASITOLOGY		
Candida auris (Presumptive ID: _____) (ORGPU)			Cryptosporidium confirmation (PARAST)		
Shigatoxin-positive E.coli (STEC) (HECCU)			Cyclospora confirmation (PARAST)		
OTHER: _____			Ova and Parasites, Foreign Travel: Include in above demographics (OVPAR)		
SEROTYPING / SEROGROUPING ISOLATE			Ectoparasite ID (Indicate Source) (ECTO)		
Neisseria meningitidis (sterile sites only) (BNK)			___ Bedbug ___ Lice ___ Tick ___ Worm ___ Other: _____		
STOOL POSITIVE FOR GI PATHOGEN BY PCR (NAAT) OR EIA			MOLECULAR VIROLOGY		
Provide test method used to detect positive:			COVID-19 (NCOVFL)		
___ Cryptosporidium (NPHLBK) ___ Salmonella (ORGSS)			Enterovirus PCR (EVOT)		
___ Cyclospora (NPHLBK) ___ STEC (HECCU)			Measles Virus PCR (CDCSO)		
___ E. coli O157 (HECCU) ___ Vibrio (ORGISO)			Mumps Virus PCR (CDCSO)		
___ Norovirus* (NPHLBK) ___ Yersinia (ORGISO)			Norovirus RNA (stool) (NVOBD)		
By request only, for outbreak investigation Do not send in formalin-SAF, PVA, Protifix			MULTIPLEX PCR		
ANTIBIOTIC RESISTANCE CONFIRMATION/SCREEN			GI Panel (GIP)		
CRE/CRPA/CRAB or Presumptive CPE ** (MCIMAR)			Meningitis/Encephalitis Panel (MEEP)		
ESBL (BNK or ORGPU if Pt Account)			Respiratory Pathogen Panel (RESPP)		
VISAVRSA (BNK or ORGPU if Pt Account)			SEROLOGY		
OTHER: _____			Measles (Rubeola) virus IgG (MEAT)		
** CRE/CRPA/CRAB or Presumptive CPE Supplemental Form Required **			Measles virus IgM (SPPRB)		
SUSPECT BT ORGANISM / HIGHLY HAZARDOUS COMMUNICABLE DISEASE Submit through STATPack or page 402.888.5588 prior to referral Include all biochemical results			Mumps virus IgG (MUMPG)		
Bacillus spp. (BTID)			Mumps virus IgM (MUMPM)		
Brucella spp.			West Nile virus IgG/IgM ___ Serum ___ CSF (WNAB/WNABC)		
Burkholderia spp.			West Nile virus IgM (CSF) (WNIGMC)		
Francisella spp.			OTHER: _____		
Orthopoxviruses			MOLECULAR BACTERIOLOGY		
Yersinia spp.			Bordetella pertussis DNA (nasopharyngeal) (BPD)		
OTHER: _____			MYCOBACTERIOLOGY/TB		
Additional Testing/Comments:			** See MTB Supplemental Form for available tests and order codes **		



Packaging and Shipping to Nebraska Public Health Laboratory Category A Infectious Substances, Affective Humans UN2814 Category B Biological Substances, UN3373

Specimen Handling:

- Practice universal blood and body fluid precautions when handling specimens, including appropriate PPE for specimen being collected. Advanced PPE including face shield or goggles must be worn for more communicable pathogens such as Influenzae, Measles/Mumps or Viral Hemorrhagic Fever pathogens (page NPHL before collection of VHF - 402.888.5588).
- Specimens must be collected in or transferred to leak-proof primary containers. The container must have at least two patient identifiers (first and last name and DOB) and be placed into a secondary sealed biohazard bag to prevent contamination. The biohazard bag should be equipped with an absorbent material, large enough to absorb the entire contents if spilled.
- Appropriate NPHL Test Request Form and Supplemental Forms must be completed in entirety and placed in the pocket of the biohazard bag (Category B) or outside of the secondary container (Category A) - do NOT place inside the bag with the specimen.
- The shipper must determine if specimens are shipped as exempt, Category B or Category A (must be trained in the classification process).
- All organism isolates or specimens must be triple packaged (outer container can be a courier bag or other rigid box).
- Contact client services at 866.290.1406 or 402.559.2440, or page NPHL at 402.888.5588 for additional shipping material or instructions.

Shipping Certification:

- To ensure the safety of laboratory personnel and the public, proper handling of specimens and propagated organisms is mandatory. The shipper is legally responsible to comply with the rules and guidelines for transport of Division 6.2 infectious substances, which is regulated as a hazardous material under the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR; 49 CFR Parts 171-178).
- Purpose of adherence to these regulations and requirements is to minimize the potential for damage to the contents of the package during transport and to reduce the exposure of the shipper to the risks of criminal and civil liability associated with the improper shipment of dangerous goods. Specimens and organism isolates will be rejected if submitted improperly.
- Persons who pack and ship Category A infectious substances of >5 kg Dry ice must receive the aforementioned training for all functions involved in packing and shipping more hazardous Category A substances, and be certified to do so.

Transport Instructions:

- After classifying type of shipment, the shipper must follow the appropriate packing instructions, provided by Nebraska Public Health.

Courier Services:

- UN2814 Category A Infectious Substance MUST be packaged in a Category A box provided by NPHL, no exceptions. Omaha and Lincoln surrounding areas can be transported to NPHL by an exclusive ground courier, as they are specifically trained and licensed to transport Category A. Call Client Services and ask specifically for a "Category A" pickup. Greater Nebraska laboratories must first notify NPHL of incoming Category A samples and ship all Category A Infectious Substances via FedEx, to include FedEx Airway Bill and Shippers Declaration. NPHL can provide pre-paid airway bills by contacting 402.559.9444. Detailed procedure can be found on NPHL.org.
- UN3373 Category B specimens can be transported by all exclusive and non-exclusive ground couriers, but MUST be packaged in a specifically labeled Category B box. Detailed procedure can be found on NPHL.org. Special exemptions exist for the Omaha, Lincoln and surrounding areas if transported by ProMed or Lab Logistics in which specimens can be sealed in a biohazard bag (with absorbent material) and placed directly in courier cooler/satchel for ground transport.
- Specimens that are NOT considered Category B, but exempt or not regulated by DOT, can also be transported in a sealed biohazard bag (with absorbent material) and placed directly in courier cooler/satchel for ground transport. This includes the following exemptions:
 - Substances which do not contain infectious substances or substances which are unlikely to cause disease in humans or animals are not subject to these Regulations unless they meet the criteria for inclusion in another class.
 - Substances containing microorganisms which are non-pathogenic to humans or animals are not subject to these Regulations unless they meet the criteria for inclusion in another class.
 - Substances in a form that any present pathogens have been neutralized or inactivated such that they no longer pose a health risk are not subject to these Regulations unless they meet the criteria for inclusion in another class. Examples:
 - Blood and urine test ordered for routine medical exams to monitor levels of cholesterol, glucose, hormones
 - Tests to monitor organ function such as liver, kidney, heart
 - Tests ordered for determining presence of alcohol or drugs
 - DNA & RNA tests
 - Pregnancy tests
 - Samples for testing other than for the presence of pathogens, including biopsies for cancer and antibody titers

Packages going by **FedEx* or NPHL Ground**, ship to address:

Client Services
Nebraska Public Health Laboratory
4400 Emile Street MSB 3500
Omaha, NE 68105
Phone: 866.290.1406

***Courier must be specifically trained and licensed to transport Category A. Do not use routine NPHL courier.**

- To inquire about scheduled stops and after hours ground courier service, call client services Toll Free 866.290.1406 or 402.559.2440. NPHL client services hours: M-F 24/7; Saturday, Sunday 7am-3pm. After hours on call pager 402.888.2086.